

exclusively during the course of Schizophrenia, Mood Disorder With Psychotic Features, or a GMC.

Schizoid Personality Disorder

The person has detached social relationships and a restricted range of emotional expression with four or more of the following symptoms: (1) does not desire or enjoy close relationships, including family; (2) chooses solitary activities; (3) little or no sexual interest in others; (4) derives little pleasure from activities; (5) no close friends except close relatives; (6) appears indifferent to praise and criticism of others; and (7) shows emotional coldness, detachment, and flat affect. The symptoms are not due to Schizophrenia, Mood Disorder With Psychotic Features, PDD, or a GMC.

Schizotypal Personality Disorder

This type has social and interpersonal deficits, marked by acute discomfort, and diminished capacity for close relationships. Cognitive and perceptual distortions are common, as well as eccentric behavior and five or more of the following symptoms: (1) ideas of reference (excluding delusions); (2) odd beliefs or magical thinking that influences behavior; (3) unusual perceptual experiences; (4) odd thinking and speech; (5) suspiciousness or paranoid ideation; (6) inappropriate or constricted affect; (7) odd behavior or appearance that is considered eccentric or peculiar; (8) no close friends other than close relatives; and (9) excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative self-judgment. The disorder is not due to Schizophrenia, Mood Disorder With Psychotic Features, another Psychotic Disorder, or PDD.

Cluster B Personality Disorders

Antisocial Personality Disorder

The person with this disorder has a pervasive pattern of disregard or violation of others' rights, occurring since age fifteen, and three or more of the following symptoms: (1) nonconformity to norms and laws by repeatedly committing acts that are grounds for arrest; (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for profit or pleasure; (3) impulsivity or failure to plan ahead; (4) irritability and aggressiveness in the form of repeated fights or assaults; (5) reckless

disregard for safety of self and others; (6) consistent irresponsibility in employment and finances; and (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another person. The person must be at least age eighteen and must have shown evidence of Conduct Disorder before age fifteen (see p. 99). The disorder is not due to Schizophrenia or a Manic Episode.

Borderline Personality Disorder

The person has a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. The person has five or more of the following symptoms: (1) frantic efforts to avoid real or imagined abandonment (excluding suicidal or self-mutilating behavior); (2) a pattern of unstable and intense relationships with extremes of idealization and devaluation; (3) identity disturbance marked by unstable self-image or sense of self; (4) impulsivity in areas of functioning that can cause self-damage (e.g., spending, sex, drugs, driving, eating; suicidal and self-mutilating behavior are excluded from this symptom criterion); (5) recurrent suicidal and self-mutilating behavior; (6) affective instability due to marked reactivity of mood; (7) chronic feelings of emptiness; (8) inappropriate intense anger or difficulty controlling anger; and (9) transient, stress-related paranoid ideation or severe dissociative symptoms.

Histrionic Personality Disorder

This disorder is characterized by a pattern of excessive emotionality and attention seeking that is present in a variety of contexts, with an onset of early adulthood, and five or more of the following symptoms: (1) uncomfortable when not center of attention; (2) interaction with others involves sexually seductive or provocative behavior; (3) has shifting and shallow emotions; (4) consistently uses physical appearance to draw attention to self; (5) has an impressionistic speaking style that lacks detail; (6) prone to self-dramatization, theatrical, and exaggerated expression of emotion; (7) is suggestible and easily influenced by others and circumstances; and (8) views relationships as more intimate than is realistic.

Narcissistic Personality Disorder

This disorder involves a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning in early

■ Diagnostic criteria for 301.22 Schizotypal Personality Disorder

- A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
- (1) ideas of reference (excluding delusions of reference)
 - (2) odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
 - (3) unusual perceptual experiences, including bodily illusions
 - (4) odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
 - (5) suspiciousness or paranoid ideation
 - (6) inappropriate or constricted affect
 - (7) behavior or appearance that is odd, eccentric, or peculiar
 - (8) lack of close friends or confidants other than first-degree relatives
 - (9) excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self
- B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder.

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Schizotypal Personality Disorder (Premorbid)."

Cluster B Personality Disorders

301.7 Antisocial Personality Disorder

Diagnostic Features

The essential feature of Antisocial Personality Disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

This pattern has also been referred to as psychopathy, sociopathy, or dyssocial personality disorder. Because deceit and manipulation are central features of Antisocial Personality Disorder, it may be especially helpful to integrate information acquired from

systematic clinical assessment with information collected from collateral sources.

For this diagnosis to be given, the individual must be at least age 18 years (Criterion B) and must have had a history of some symptoms of Conduct Disorder before age 15 years (Criterion C). Conduct Disorder involves a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. The specific behaviors characteristic of Conduct Disorder fall into one of four categories: aggression to people and animals, destruction of property, deceitfulness or theft, or serious violation of rules. These are described in more detail on p. 85.

The pattern of antisocial behavior continues into adulthood. Individuals with Antisocial Personality Disorder fail to conform to social norms with respect to lawful behavior (Criterion A1). They may repeatedly perform acts that are grounds for arrest (whether they are arrested or not), such as destroying property, harassing others, stealing, or pursuing illegal occupations. Persons with this disorder disregard the wishes, rights, or feelings of others. They are frequently deceitful and manipulative in order to gain personal profit or pleasure (e.g., to obtain money, sex, or power) (Criterion A2). They may repeatedly lie, use an alias, con others, or malingering. A pattern of impulsivity may be manifested by a failure to plan ahead (Criterion A3). Decisions are made on the spur of the moment, without forethought, and without consideration for the consequences to self or others; this may lead to sudden changes of jobs, residences, or relationships. Individuals with Antisocial Personality Disorder tend to be irritable and aggressive and may repeatedly get into physical fights or commit acts of physical assault (including spouse beating or child beating) (Criterion A4). Aggressive acts that are required to defend oneself or someone else are not considered to be evidence for this item. These individuals also display a reckless disregard for the safety of themselves or others (Criterion A5). This may be evidenced in their driving behavior (recurrent speeding, driving while intoxicated, multiple accidents). They may engage in sexual behavior or substance use that has a high risk for harmful consequences. They may neglect or fail to care for a child in a way that puts the child in danger.

Individuals with Antisocial Personality Disorder also tend to be consistently and extremely irresponsible (Criterion A6). Irresponsible work behavior may be indicated by significant periods of unemployment despite available job opportunities, or by abandonment of several jobs without a realistic plan for getting another job. There may also be a pattern of repeated absences from work that are not explained by illness either in themselves or in their family. Financial irresponsibility is indicated by acts such as defaulting on debts, failing to provide child support, or failing to support other dependents on a regular basis. Individuals with Antisocial Personality Disorder show little remorse for the consequences of their acts (Criterion A7). They may be indifferent to, or provide a superficial rationalization for, having hurt, mistreated, or stolen from someone (e.g., "life's unfair," "losers deserve to lose," or "he had it coming anyway"). These individuals may blame the victims for being foolish, helpless, or deserving their fate; they may minimize the harmful consequences of their actions; or they may simply indicate complete indifference. They generally fail to compensate or make amends for their behavior. They may believe that everyone is out to "help number one" and that one should stop at nothing to avoid being pushed around.

The antisocial behavior must not occur exclusively during the course of Schizophrenia or a Manic Episode (Criterion D).